PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -3 PM 4:39

DOCUMENT # N06578

1. Corporation Name

MCINTOSH MEADOWS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4249 PRAIRIE VIEW DR N SARASOTA FL 34232 US	P O BOX 7116 SARASOTA FL 34278-4116

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
4264 PRAIRIE VIEW DR N	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA FL	City & State
Zip: 34232 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/11/1984

5. FEI Number: 59-2486489 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	~~JOHNSON, WILLIAM H~~ VARDAMAN, STEVE	~~4253 S PRAIRIEVIEW DR~~ 4264 PRAIRIE VIEW DR N	SARASOTA FL 34232
VD	~~JOHNSON, WENDY~~ ~~VARDAM~~ ANKERSTAR, KAREN	~~4081 N PRAIRIEVIEW DR~~ 4052 PRAIRIE VIEW DR N	SARASOTA FL 34232
~~S~~	~~HORWEDEL, GREG~~	~~4254 N PRAIRIEVIEW DR~~	~~SARASOTA FL 34232~~
T	~~SUAREZ, MIKE~~ ROCHOW, BARBARA	~~4131 N PRAIRIEVIEW DR~~ 4140 PRAIRIE VIEW DR S	SARASOTA FL 34232
~~D~~	~~ANKERSTAR, DANA~~	~~4052 N PRAIRIEVIEW DR~~	~~SARASOTA FL 34232~~
~~D~~	~~GILBERT, JOHN~~	~~4101 PRAIRIEVIEW DR N~~	~~SARASOTA FL 34232~~

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JOHNSON, WILLIAM H 4253 S PRAIRIEVIEW DR SARASOTA FL 34232	Name: STEVE VARDAMAN Street Address (P.O. Box Number is Not Acceptable): 4264 PRAIRIE VIEW DRIVE N Suite, Apt. #, Etc.: City: SARASOTA State: FL Zip Code: 34232

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 11/21/01

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. 000004721450--7 -12/12/01--01085--019 ****236.25 ****236.25

SIGNATURE: SIGNATURE REQUIRED 11/21/01 379-6226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #